



# GLENBARD TOWNSHIP HIGH SCHOOL DISTRICT #87

596 Crescent Boulevard, Glen Ellyn, IL 60137-4297, (630) 469-9100, [www.glenbard87.org](http://www.glenbard87.org)

July 2023

Dear Parent or Guardian:

Glenbard Township High School District 87 assesses fees to all students of the district. School Policy 4:140 defines "school fees" or "fees" as any monetary charges collected by the District from a student or the Parent/Guardian of a student as a prerequisite to the student's participation in any curricular or extracurricular program of the District.

"School Fees" include but are not limited to:

- Charges for use of property (locks, towels, lab equipment)
- Textbooks, electronic devices, and instructional materials
- Field trips during school hours
- Equipment used in varsity and intramural sports or fine arts programs
- Participation in extracurricular activities
- Required class supplies
- Graduation fees
- School health services
- Driver's education fees
- Student Activity Pass

Administrative procedure 4:140-AP2 states that the expenses for all items shall be waived to those students who are approved for the waiver. Textbooks and/or electronic devices shall be loaned free of charge to the student approved for waiver. The student will return the textbooks and/or electronic devices upon completion of the course. If textbooks and/or electronic devices are not returned, it is the responsibility of the student and/or parent to pay for these items and fines.

Families who currently qualify to receive free or reduced lunch may be eligible for a fee waiver and must submit a completed waiver application. You may access and complete the waiver application online at:

**[www.glenbard87.org/financial-aid-school-fees/](http://www.glenbard87.org/financial-aid-school-fees/)**

You may print, fill out, and mail the completed application with all required income information to Glenbard District 87, Attn: Fee Waiver Processing, 596 Crescent Blvd., Glen Ellyn, IL 60137. Paper copies are available at your student's school.

District 87's criteria for the fee waiver program is consistent with the federal guidelines for income and number of family members per household (see table to the right). Evidence required for waiver approval is as follows:

- Letter from Department of Human Services (DHS) citing benefits approved for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) Program.

***Link/Medical ID cards cannot be accepted as proof of benefits.***

**-OR-**

- Verification of total income within the Federal Government Income Eligibility Guidelines (see required documents on next page). Children in foster care may receive a waiver of fees regardless of income.

**Income Eligibility Guidelines  
Effective from July 1, 2023 to June 30, 2024**

Household Size	Reduced-Price Meals (185% Federal Poverty Guidelines)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	9,509	793	397	366	183

Household Income includes income from work; unemployment, disability, and social security benefits; child and spousal support; income from rental properties, etc. To verify current income, applicants must provide the following:

- Copy of **two** most current pay stubs or most recent benefit statement(s) for all household members with income\*, and
- Copy of the most recent W-2 form(s) for all household members with income\*, and
- Copy of **Pages 1 and 2** of the most recent Federal 1040 tax form showing all dependents AND 1040 - Schedule 1 (if applicable). If your household includes others not listed on your 1040 tax form, you must write all household member names on the application, indicate their relationship to you, and include all income information for the additional household members as instructed above.

*\* If you are self-employed and do not receive pay stubs and/or W2 forms, you may submit a 1099 tax form in lieu of a W2 form. You must submit a record of income and expenses from the business over a recent period of time (e.g. profit/loss record for a period of at least 3 months; copy of Schedule C from your most recent income tax filing, etc.)* Families that do not qualify based on the income criteria above may still apply for waivers by submitting the Application for Waiver of Student Fees. If your income is greater than the guidelines indicated on the previous page, your application will be declined. However, eligibility may be determined based on extraordinary circumstances such as those referenced below. **If your income is greater than the guidelines BUT you have extraordinary circumstances to be considered in determining eligibility for a waiver of fees, please attach a letter to your application which explains the situation.**

- Serious illness in the family
- Extraordinary expenses such as fire, flood or storm damage
- Emergency situations

Applications will be reviewed by District Administration. Notification after decision will be made in the form of a letter to the applicant within thirty (30) calendar days of receipt of the request. If your application is denied, the letter shall state the reason for the denial and shall inform the parents of their right to appeal, including the process and timelines for that action.

Parents/Guardians who submit an appeal within thirty (30) calendar days of receipt of denial shall have the right to explain why the waiver should be granted. Appeal shall not be decided by the same person who denied the original application.

If circumstances change during the school year, parents may reapply for the waiver.

**\*\*Please note that your application for waiver covers only current year fees.** If you did not apply for or were declined a waiver of fees in prior years, and those fees are still on your student account, those fees will not be waived and will remain the family's responsibility to pay (unless approved using the process described above regarding extraordinary circumstances).

If the waiver request is denied, PushCoin offers a parent/guardian the ability to make partial payments or to set up a repayment plan which allows payments to be made in smaller increments throughout the year.

Questions and general inquiries regarding fee waivers may be sent to donna\_kelly@glenbard.org.

**Glenbard Township High School District 87**  
**Application for Waiver of Student Fees – School Year 2023-2024**



**Part A** List all current Glenbard District 87 Students:

Name:	School (please select):				ID Number:	Is this student participating in FALL Athletics?
	East	North	South	West		Yes No
	East	North	South	West		Yes No
	East	North	South	West		Yes No
	East	North	South	West		Yes No
	East	North	South	West		Yes No

If your household currently receives SNAP or TANF benefits AND you have a current letter from DHS showing case number, benefits received, and recipient names, you may proceed to Part C of this application. If you do not receive SNAP or TANF benefits, continue with Part B below.

**Part B** Complete for all household members including the student(s) listed above. All income should be reported as **GROSS** income (not NET income). If a household member has no income at all, you must indicate NO INCOME in the last column. Please see the charts on the reverse side for clarification on income sources.

Names of Household Members	Earnings from Work					Child Support, Alimony, or Public Assistance					Pensions, Social Security, Retirement, or other income					This Household Member has NO INCOME
	Please indicate dollar amount and frequency of pay:					Please indicate dollar amount and frequency of pay:					Please indicate dollar amount and frequency of pay:					
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
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	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	
	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	\$	Weekly	Bi-weekly	2X per Month	Monthly	

Total Number of Household Members: \_\_\_\_\_

(Please continue on reverse side.)

Sources of Income for Adults			Sources of Income for Children	
Earnings from Work	Public Assistance, Alimony, Child Support	Pensions, Retirement, All Other Income	Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's Compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
			Social Security <ul style="list-style-type: none"> <li>Disability Benefits</li> <li>Survivor Benefits</li> </ul>	A child is blind or disabled and receives social security benefits A parent is disabled, retired, or deceased, and their child receives social security benefits
			Income from person outside of household	A friend or extended family member regularly gives a child spending money
			Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

**To verify current income, ALL of the following documents must be enclosed for ALL household members receiving income:**

- Copies copy of **two** most current pay stubs\* or a recent benefit statement(s), and
- Copy of the W-2 form(s)\* from the most recent tax year, and
- Copies of Pages 1 and 2 of the most recent Federal 1040 tax form AND 1040 - Schedule 1, if applicable. If your household includes others not listed on your 1040 tax form, you must write all household member names on the application, indicate their relationship to you, and include all income information for the additional household members as instructed above.

*\* If you are self-employed and do not receive pay stubs and/or W2 forms, you may submit a 1099 tax form in lieu of a W2 form. You must submit a record of income earned and expenses from the business over a recent period of time (e.g. profit/loss record for a period of at least 3 months; copy of Schedule C from your most recent income tax filing, etc.)*

### **Part C DEPARTMENT OF HUMAN SERVICES BENEFITS (SNAP and TANF)**

Complete this section only if the household is receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). **Medical cards cannot be accepted as proof of benefits. A copy of the letter from the Department of Human Services (DHS) showing the eligibility date, case number, benefits received, and recipient names must be attached to this application.**

Case ID Number:

**Part D** I, the undersigned parent/guardian of the above named student(s), hereby request that the Board of Education of Glenbard Township High School District 87 waive school fees for my student(s). I understand that if the request for fee waiver is approved, I will still be financially responsible for lost or damaged textbooks and/or electronic devices, and school fines. I have reviewed the District's policy and am aware that supplying false information to obtain a fee waiver is a Class 4 Felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date